

**CITY OF MOUNTAIN VIEW  
FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT  
500 Castro Street  
P.O. Box 7540  
Mountain View, CA 94039-7540**

**UTILITY USERS TAX**

Collected by:

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For the Period: \_\_\_\_\_

Due Date: On or before the last day of the following month.

Type of Utility: \_\_\_\_\_

Taxable Revenue: \_\_\_\_\_

Gross Tax Collected @ 3%: \_\_\_\_\_

Net Tax Due: \_\_\_\_\_

I hereby certify that the information as stated above is, to the best of my knowledge,  
true and correct.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

HMA/9/FIN/530-07-15-05F^